



2015 Shared CHNA: Summary of Findings from Surveillance Data & Stakeholders Survey

**Table 22. Priority Health Issue Successes and Challenges for Cumberland County-
Surveillance Data**

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> • Cumberland County has less adults who rate their health fair to poor [CUMB=11.5%; ME=15.6%]*, less adults with 14+ days lost due to poor physical health [CUMB=10.6%; ME=13.1%]* as well as less adults with three or more chronic conditions [CUMB=23.2%; ME=27.6%]* • Low overall mortality rate per 100,000 population [CUMB=687.2; ME=745.8]* • Low ambulatory care-sensitive condition hospital admission rate per 100,000 population [CUMB=1,167.5; ME=1,499.3]* • Cumberland County fares better than the state on a number of respiratory health indicators, including: <ul style="list-style-type: none"> • Low asthma emergency department visits per 10,000 population [CUMB=57.3; ME=67.3]* • Lower COPD diagnosed [CUMB=5.1%; ME=7.6%]* • Low COPD hospitalizations per 100,000 population [CUMB=159.1; ME=216.3]* • Low pneumonia emergency department rate per 100,000 population [CUMB=558.7; ME=719.9]* • Low pneumonia hospitalizations per 100,000 population [CUMB=229.9; ME=329.4]* • Low mortality – all cancers per 100,000 population [CUMB=174.9; ME=185.5]* • Cumberland County fares better than the state on several cardiovascular health indicators, including: <ul style="list-style-type: none"> • Low acute myocardial infarction hospitalizations per 10,000 population [CUMB=14.8; ME=23.5]* • Low acute myocardial infarction mortality per 100,000 population [CUMB=22.4; ME=32.2]* • Low coronary heart disease mortality per 100,000 	<ul style="list-style-type: none"> • Cumberland has high incidence rates for bladder cancer [CUMB=27.6; U.S.=20.2] as well melanoma [CUMB=27.9; ME=22.2]* • More children with confirmed elevated blood lead levels (% among those screened) [CUMB=3.2%; ME=2.5%]* • Cumberland County also has higher incidence rates than the state for: <ul style="list-style-type: none"> • Newly reported chronic hepatitis B virus (HBV) [CUMB=19.5; ME=8.1] • HIV [CUMB=11.1; ME=4.4] • High mental health ED visits rate [CUMB=2,152.3; ME=1,972.1]* • Cumberland has more binge drinking of alcoholic beverages [CUMB=20.7%; ME=17.4%]* as well as more chronic heavy drinking [CUMB=9.0%; ME=7.3%]* among adults • High emergency medical service overdose response per 100,000 population [CUMB=467.0; ME=391.5] • In addition, Cumberland County has a high opiate poisoning ED visits rate [CUMB=35.3; ME=25.1]* as well as a high substance-abuse hospital admissions rate [CUMB=477.8; ME=328.1]*

Health Issues - Surveillance Data

Health Successes

- population [CUMB=68.0; ME=89.8]*
- Low heart failure hospitalizations per 10,000 population [CUMB=19.0; ME=21.9]*
- Lower high cholesterol [CUMB=36.7%; ME=40.3%]*
- Low hypertension hospitalizations per 100,000 population [CUMB=23.2; ME=28.0]
- Low stroke hospitalizations per 10,000 population [CUMB=17.6; ME=20.8]*
- Low stroke mortality per 100,000 population [CUMB=29.1; ME=35.0]*
- Lower diabetes prevalence (ever been told) [CUMB=7.6%; ME=9.6%]*
- Low diabetes hospitalizations (principal diagnosis) per 10,000 population [CUMB=9.3; ME=11.7]*
- Low diabetes mortality (underlying cause) per 100,000 population [CUMB=16.3; ME=20.8]*
- Fewer children with unconfirmed elevated blood lead levels (% among those screened) [CUMB=2.5%; ME=4.2%]*
- Low pertussis incidence per 100,000 population [CUMB=10.4; ME=41.9]
- Low HIV/AIDS hospitalization rate per 100,000 population [CUMB=16.3; ME=21.4]
- Cumberland County has lower rates than the state for:
 - Domestic assaults reports to police [CUMB=327.1; ME=413.0]
 - Firearm deaths [CUMB=6.3; ME=9.2]*
 - Reported rape [CUMB=21.3; ME=27.0] and
- Low traumatic brain injury related emergency department visits (all intents) per 10,000 population [CUMB=75.7; ME=81.4]*
- Low unintentional fall related injury emergency department visits per 10,000 population [CUMB=306.0; ME=361.3]*
- Low unintentional motor vehicle traffic crash related deaths per 100,000 population [CUMB=6.4; ME=10.8]*
- Fewer adults with current symptoms of depression [CUMB=8.4%; ME=10.0%]

Health Challenges

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> • Lower co-morbidity for persons with mental illness [CUMB=29.2%; ME=35.2%] • Low live births to 15-19 year olds per 1,000 population [CUMB=12.2; ME=20.5]* • Lower drug-affected baby referrals received as a percentage of all live births [CUMB=3.9%; ME=7.8%] • Low prescription Monitoring Program opioid prescriptions (days supply/pop) [CUMB=4.7; ME=6.8] 	

Asterisk (*) indicates a statistically significant difference between Cumberland County and Maine
All rates are per 100,000 population unless otherwise noted

Table 23. Priority Health Issue Challenges and Resources for Cumberland County-Stakeholder Survey Responses

Stakeholder Input - Stakeholder Survey Responses ¹	
Community Challenges	Community Resources
<p>Biggest health issues in Cumberland County according to stakeholders (% of those rating issue as a major or critical problem in their area).</p> <ul style="list-style-type: none"> • Mental health (77%) • Drug and alcohol abuse (75%) • Obesity (74%) • Diabetes (72%) • Depression (71%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • Mental health/depression: More mental health professionals; more community-based services; better funding and support; greater access to inpatient care; readily available information about resources; transitional programs • Drug and alcohol abuse: Greater access to drug/alcohol treatments; greater access to substance abuse prevention programs; free or low-cost treatments for the uninsured; more substance abuse treatment providers; additional therapeutic programs • Obesity: Greater access to affordable and healthy food; more programs that support low income families • Diabetes: More funding <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • Mental health/depression: Mental health/counseling providers and programs • Drug and alcohol abuse: Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services • Obesity: Public gyms; farmers markets; Maine SNAP-ED Program; school nutrition programs; public walking and biking trails;

¹ Results are from the Maine Shared Community Health Needs Assessment Stakeholder Survey, conducted in May-June, 2015, n=220.

	<p>Healthy Maine Partnerships; Let's Go! 5-2-1-0</p> <ul style="list-style-type: none"> • Diabetes: National Diabetes Prevention Program; Free screenings; YMCA's (Public gyms); Education programs; School nutrition programs; Diabetes and Nutrition Center; Maine CDC DPCP
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Table 24. Priority Health Factor Strengths and Challenges for Cumberland County-Surveillance Data

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> • Cumberland County has fewer adults living in poverty [CUMB=11.4%; ME=13.6%]* as well as fewer children living in poverty [CUMB=15.7%; ME=18.5%]* • High median household income [CUMB=\$57,461; ME=\$48,453]* • Lower unemployment rate [CUMB=4.4%; ME=5.7%] • Fewer individuals who are unable to obtain or delay obtaining necessary medical care due to cost [CUMB=9.5%; U.S.=15.3%] • Lower percent of uninsured [CUMB=8.9%; ME=10.4%]* • More adults with visits to a dentist in the past 12 months [CUMB=72.8%; ME=65.3%]* • More homes with private wells tested for arsenic [CUMB=53.1%; ME=43.3%]* • More adults who always wear seatbelt [CUMB=89.7%; ME=85.2%]* • More high school students who always wear seatbelt [CUMB=67.3%; ME=61.6%]* • More fruit and vegetable consumption among high school students [CUMB=19.7%; ME=16.8%]* • Fewer adults aged 18+ with less than one serving of fruit per day [CUMB=28.8%; ME=34.0%]* • Lower sedentary lifestyle – no leisure-time physical activity in past month (Adults) [CUMB=16.9%; ME=22.4%]* • Lower soda/sports drink consumption (High School Students) [CUMB=21.9%; ME=26.2%]* • Less obesity among adults [CUMB=23.7%; ME=28.9%]* and high school students [CUMB=9.3%; ME=12.7%]* • Lower current cigarette smoking rate among adults [CUMB=17.0%; ME=20.2%] and high school students 	<ul style="list-style-type: none"> • Lower percent of lead screening among children age 12-23 months [CUMB=42.3%; ME=49.2%]* • Lower percent of lead screening among children age 24-35 months [CUMB=17.6%; ME=27.6%]* • More immunization exemptions among kindergarteners for philosophical reasons [CUMB=4.7%; ME=3.7%]

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
[CUMB=10.8%; ME=12.9%] <ul style="list-style-type: none"> Less secondhand smoke exposure (Youth) [CUMB=30.6%; ME=38.3%]*	

Asterisk (*) indicates a statistically significant difference between Cumberland County and Maine

All rates are per 100,000 population unless otherwise noted

Table 25. Priority Health Factor Challenges and Resources for Cumberland County-Stakeholder Responses

Stakeholder Input- Stakeholder Survey Responses ²	
Community Challenges	Community Resources
<p>Biggest health factors leading to poor health outcomes in Cumberland County according to stakeholders (<i>% of those rating factor as a major or critical problem in their area</i>).</p> <ul style="list-style-type: none"> Access to behavioral care/mental health Care (80%) Poverty (74%) Health care insurance (69%) Health literacy (67%) Access to oral health (64%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> Access to behavioral care/mental health care: Better access to behavioral/mental health care for the uninsured; full behavioral/mental health integration at hospital and primary care levels; expand behavioral/mental health agencies to more rural areas; more hospital beds for mentally ill patients Poverty: Greater economic development; increased mentoring services; more skills trainings; more employment opportunities at livable wages; better transportation; better education Health care insurance: Expansion of Medicaid; making insurance more affordable; universal health care; more stable health care system <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> Poverty: General Assistance; other federal, state and local programs Access to behavioral care/mental health care: Behavioral/mental health agencies Health care insurance: MaineCare; ObamaCare (Affordable Care Act); Free care Health literacy: Hospital systems; primary care providers; social service agencies.

² Results are from the Maine Shared Community Health Needs Assessment Stakeholder Survey, conducted in May-June, 2015.